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ABSTRACT

This practicum was designed to address the declining morale and the elevated job-related stress among the staff of a multiproblem human service agency. The participants were over 90 youth counselors and supervisors. Their educational experience ranged from some college to doctoral-level course work and their work experience varied from .5 years to 20 years. Employees voluntarily participated in a stress management program which addressed the issues of burnout by introducing individual and program modifications. A series of pre-program interviews and groups were conducted with the counselors which revealed that occupational stress and the ensuing burnout which resulted had a direct negative impact on client services and staff morale. The goal was to create a forum where employee stress and burnout could be addressed and dealt with in a supportive environment. Formal and informal process-oriented groups were formed and counselors were directed to select sponsors from among their peers who would then provide moral support. Measurable improvements in job satisfaction were recorded over a 12-week period and counselors reported feeling less stressed on the job. However, it was believed that sustainable results could not be achieved without long-term intervention. Appended are the survey instrument, an occupational stress profile, and a stress management contract. Contains 54 references. (RJM)

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ED 400 504

# Stop Occupational Stress (S.O.S):
# An Occupational Stress Management Program
# for Youth Counselors

by

Catherine A. Powers

Cluster 63

A Practicum I Report Presented to the Ed.D. Program in
Child and Youth Studies in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA SOUTHEASTERN UNIVERSITY

1996

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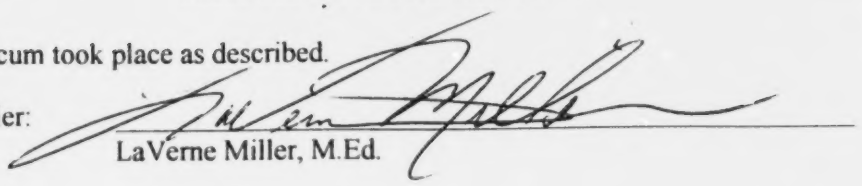
Verifier: 

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This practicum report was submitted by Catherine Powers under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Date of Final Approval of Report

Roberta Silfen, Ed.D., Adviser

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TABLE OF CONTENTS

Page

ACKNOWLEDGMENT ..... iii

TABLE OF CONTENTS ..... iv

LIST OF TABLES ..... vi

ABSTRACT ..... vii

Chapter

I INTRODUCTION ..... 1

Description of the Community ..... 1
Work Setting and Role ..... 4

II STUDY OF THE PROBLEM ..... 7

Problem Description ..... 7
Documentation of the Problem ..... 8
Causative Analysis of the Problem ..... 9
Relationship of the Problem to the Literature ..... 10

III ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS ..... 14

Goals and Expectations ..... 14
Expected Outcomes ..... 14
Measurement of Outcomes ..... 15

IV SOLUTION STRATEGY ..... 19

Discussion and Evaluation of Solutions ..... 19
Description and Justification for Solution Selected ..... 20
Report of Action Taken ..... 23

TABLE OF CONTENTS (continued)

Page

V RESULTS, DISCUSSION AND RECOMMENDATIONS....33

Results.... 33
Discussion.... 44
Recommendations.... 47
Dissemination.... 49

REFERENCES .... 50

Appendices

A S.O.S - OCCUPATIONAL STRESS FACTOR SURVEY .... 55
B S.O.S - OCCUPATIONAL STRESS PROFILE .... 58
C S.O.S. - STRESS MANAGEMENT CONTRACT .... 60

## LIST OF TABLES


| Table | | Page |
|---|---|---|
| 1 | Taxonomy of Stress Factors Reported by Employees | 37 |
| 2 | Survey One: Answers for Each Stress Factor and Level | 38 |
| 3 | Survey One: Total Answers for Each Stress Factor and Level | 40 |
| 4 | Survey One: Averages for Each Stress Factor | 40 |
| 5 | Survey Two: Answers for Each Stress Factor and Level | 42 |
| 6 | Survey Two: Total Answers for Each Stress Factor and Level | 43 |
| 7 | Survey Two: Averages for Each Stress Factor | 43 |
| 8 | Comparative Analysis of Pre-test and Post-test Results | 45 |

## ABSTRACT

Stop Occupational Stress (S.O.S): An Occupational Stress Management Program for Youth Counselors. Powers, Catherine A., 1996: Practicum Report, Nova Southeastern University, Ed.D. Program in Child and Youth Studies. Occupational Stress Management/ Burnout in Human Services/ Group Supervision/ Social Work Teams

This practicum was designed to alleviate the problem of occupational stress and burnout in a youth counseling program. The counselors voluntarily participated in the stress management program, which addressed the issues of burnout both organizationally and individually, through the introduction of individual and program modifications. A series of preprogram interviews and groups were conducted with the counselors, which revealed that occupational stress, and the ensuing burnout which resulted, had a direct negative impact on client services and staff morale.

The counselors worked independently and spent a majority of their work week in the field. There was limited time for engendering support and advice from fellow counselors. For the counselors, many of whom were "people persons", the isolation contributed to the existing stress. This writer facilitated both formal and informal process-oriented groups with the youth counselors. In addition, the counselors selected sponsors from among their peers, to provide moral support and encouragement.

Analysis of the data revealed that the youth counselors reported that they felt less stressed on the job and had increased levels of job satisfaction. The counselors began working in teams and pooling their expertise, resulting in reduced stress response and improved client services.


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# CHAPTER I

# INTRODUCTION

## Description of the Community

The work setting was a not-for-profit, private agency located in the inner-city of a densely populated state in the northeastern part of the United States. The city ranked around seventh in nation for population density, which was approximately 600,000. The city was divided into 16 major neighborhoods, and subdivisions within these neighborhoods which brought the total number to about 25 distinct neighborhoods. Many of the neighborhoods had a representative, exclusively for their area in city government. Several of the large neighborhoods had representatives in the state government.

This old industrial, port city was characterized by its ethnic neighborhoods, which in many ways had maintained their autonomy throughout the city's 250 year history. In the beginning of the century the city was predominantly populated by descendants of the first British colonists, Irish, Italians, Chinese, Jewish immigrants from Eastern Europe, and African Americans. Small enclaves of Greeks, Lithuanians, Syrians and Lebanese were also scattered throughout the city. Each of these neighborhoods was rich in the cultural trappings of its forefathers. Churches, shops, restaurants, civic and religious centers proudly conveyed the priorities of the community and preserved a touch of the motherland.

The demographics had changed over the past quarter century, with new waves of immigrants settling and establishing their own neighborhoods. Although

some of the Irish and Italian neighborhoods had remained, other neighborhoods had transitioned to accomodate the influx of new immigrants. In several neighborhoods the contrast was a colorful mozaic of cultures. Irish churches and pubs stood shoulder to shoulder with Vietnamese shops and dentists. In another neighborhood, Russian and Brazilian specialty shops abutted Greek restaurants. Algerian and Moroccan waiters served Italian delicacies, while their Central American and Italian immigrant coworkers conversed in a creole of both Italian and Spanish language. In other neighborhoods Haitian pate, West Indian Jerk chicken and chitterlings were on the menu in local restaurants to suit a variety of tastes. According to the Municipal Research Bureau (1992) census data the most populous groups were Caucasians (including Spanish speakers) 360,873; African Americans 146,946; Asians 30,386 and other 34,194.

Despite the blending of cultures in this city of 600,000, historically there had been derisiveness and racial conflict. The race riots and attacks that made international headlines in the 1970's, still clouded the reputation of the city. Desegregation of the public school system 25 years before had caused a mass exodus of the middle class from the city to the suburbs. Many businesses and industries had fled the urban sector, as well, setting up operations on a new stretch of highway dubbed "America's Technology Highway". For the many employable, working-class residents left in the inner city, the flight of industry to these areas inaccessible by public transportation, meant a descent into poverty and unemployment.

Higher education, medicine, financial services, and the tourism/hotel industry were the primary employers. The area had in excess of 20 universities, 15 junior and community colleges, and a host of professional schools and colleges, which employed some of the world's most renowned scholars. The medical facilities in

the city included more than 15 hospitals that enjoyed an international reputation for state-of-the-art medicine. There were more than a dozen luxury hotels in the area, and innumerable moderately priced hotels. The city also boasted several new convention and trade centers.

The growth of these industries had been a mixed blessing for the city. Many professionals had relocated to the city due to the attractive job market, and several neighborhoods had undergone a rebirth, marked by redevelopment and increased property values. The city benefited from the increased taxes derived from both business and private property owners. There had been, however, negative impacts related to the type development that had taken place. Increased property values in many of the neighborhoods made rent unaffordable for families who had lived in the area for generations.

Furthermore, many of the jobs available in academia and financial services required advanced education, and were filled by highly skilled professionals, many of whom were not from the local area. The influx of thousands of college students every autumn made even the unskilled service sector jobs highly competitive. Many living in the area mused that there were more Ph.D's per square foot than anywhere else in the world. One taxi driver contended that the city had the most educated cabbies in the world. His assertion may not have been so exaggerated, since the flexibility of the job was attractive to graduate students.

Due to the high level of competition for jobs, many residents in the inner city neighborhoods were unemployed. Unemployment in the city was at 5.5 %, while the metropolitan rate was 5.1 % (Municipal Research Bureau, 1992). The crime index for the city in 1993 was 55,555 (Federal Bureau of Investigation, 1993).

This figure included the number of violent personal crimes, and property crimes reported in the city. There were 98 murders in the city in 1993, an average of nearly two per week.

## Work Setting and Role

This writer was employed in the urban, area office of a large, statewide non-profit family service agency. The urban office provided youth outreach services in two closely associated programs. The first program was a tracking model, which provided intensive (3 - 5 contacts per week), short term (3 - 4 months) services to "at risk" teens, who were referred by the state child welfare agency. The second model was a youth outreach counseling program, open to youth who were referred by community agencies, schools, parents or were self-referred. The outreach model was a less intensive (1 - 2 contacts per week), long term (open ended) therapeutic program, which offered job readiness training, one-on-one mentoring and community referrals.

The tracking program had a 'no right of refusal' policy, and a mandatory response time of 24 hours upon intake. The clients had to be serviced despite any resistance, behavioral problems, or social barriers. Frequently, clients referred to the tracking program had been court ordered to participate in services, due to criminal infractions, truancy, or curfew violations. Other clients and their families had been mandated to participate in services in order to comply with the service plans they had with the state child welfare agency.

Clients referred to the outreach counseling program participated on a voluntary basis. The services were offered to adolescents and their families at no charge, and were available as long as needed. The outreach counseling program was funded solely by private grants and donations.

The primary funding source of the tracking program was the state department of child welfare. Additional funding was received from grants and the annual appeal. A small per diem sub-contract for tracking services provided a minimal amount of additional funding.

The program provided services to 'at risk' adolescents and their families in the urban area where the office was located, and additionally to a smaller, adjoining city. There were 9 counselors and 2 interns who provided tracking and outreach counseling services. One counselor and two interns had exclusively outreach counseling clients, while three other counselors had a combination of both tracking and outreach counseling clients. The remaining 6 counselors had exclusively tracking clients. There were three management positions in the program: the director, assistant director/program coordinator, and clinical supervisor. Each of these managers was directly responsible for supervisory duties. There was one office manager / secretary responsible for administrative duties.

At the time, there were 55 clients in the outreach counseling and tracking programs. The number of clients fluctuated between 50 and 65 depending on the number of clients who are referred by the sub-contracting agency. During periods of time when the fee for service cases had increased through the sub-contract, part-time temporary workers were hired on a per diem basis.

Clients and families were referred to the program due to a wide range of issues including: truancy, gang involvement, substance abuse, depression, homelessness, domestic violence, teen pregnancy and HIV+.

This writer was the assistant director and program coordinator for both the tracking and outreach counseling programs. The job duties included responsibility for the overall operation and coordination of the program staff and

activities. This writer also assisted in grant writing, and program development, not limited to trainings, adjunct programming, and quality assurance. This writer coordinated employee trainings for both the counseling program and the agency. As a member of the professional development committee, this writer worked in conjunction with leaders from other programs within the agency and conducted training needs assessments and provided agencywide training programs. Within the counseling program, this writer was responsible for coordinating both in-house and external trainings for staff.

This writer served as a liaison to the lead agencies, and managed all aspects of the tracking, per diem sub-contract. As a liaison, responsibilities included, attending clinical conferences, client intake, managing change of status reports, and gathering, measuring and maintaining statistical data. This writer also represented the program at interagency contract meetings.

As a supervisor, this writer conducted direct clinical supervision with four employees, and one intern. Supervisory duties included providing weekly individual supervision, monitoring caseloads, attending client conferences, and managing employee paperwork. In addition, this writer was responsible for conducting employee evaluations and providing support and mediation services.

# CHAPTER II

## STUDY OF THE PROBLEM

### Problem Description

The problem was the maintenance of staff morale and management of job related stress caused by the demands of a multiproblem human service agency. As investigated in the previous chapter, the urban environment itself was highly stressful. Counselors were bombarded day to day with the multiplicity of social and economic problems experienced by their clients. For these employees, the constant exposure to human suffering caused stress and a sense of powerlessness.

The employees had no forum in which they could process their feelings and concerns related to their clients and other job related issues. The employees had mandatory individual supervision weekly, and a weekly staff meeting. Neither provided an appropriate forum for the individual employees to discuss and process their feelings. Due to the nature of the counselors' position, as an outreach worker, they spent a minimal amount of time in the office and rarely had occasion to meet with their colleagues to process their experiences. In addition, counselors spent a significant amount of their time driving from appointment to appointment, and the stress of urban driving, no doubt added to the overall stress on the job.

Counselors were unable to fulfill their job requirements in terms of quality, on-time paperwork, and frequency of contact with clients. Case work notes were consistently late and were frequently of poor quality. Although these notes were due on a weekly basis, many workers were often a month behind. There was a similar problem with monthly reports. Not only were the reports poor quality, but they were consistently late. Counselors complained that with their demanding caseloads, and travel time that completing the paperwork was secondary. They frequently complained that there was insufficient time to complete the required reports. From a management standpoint the paperwork was also problematic. Late case notes resulted in delays in statistical reporting. Furthermore, late and poor quality monthly reports resulted in conflicts with the lead agencies over paperwork deadlines.

## Documentation of the Problem

The existence of the problem was demonstrated by a number of factors including employee leave, the employee mental health status, and diminished morale . Over the past year, 25% of the line staff had taken 'mental health' leave ranging from one week to one month. Sick time had increased as well, mostly attributed to stress-related illness. Employees had frequently called in sick and noted that "I'm not sick, I just can't deal with it [work]" , or "I'm totally stressed out, can I just stay home and do my paperwork ? "

Over that past year, 6 staff members (nearly 50% of the total staff) had sought individual psychotherapy to address the impact of work-related stress on their lives. Four staff members had taken disability leave due to job related stress. Some of the most stressful circumstances noted by staff had included the death of clients, client incarceration, and illness. Eight staff members had specifically

requested 'mental health' days to unwind and address stress-related fatigue. Several staff members had sought support and counseling from members of their church ministries and other community supports. Three employees had requested to reduce their positions to part time, noting that the stress of the job forty hours a week was too overwhelming.

Informal conversations with 12 staff members and 'leave approval' interviews with 4 staff members indicated that the demanding, crisis-laden caseloads, feelings of being overwhelmed and of alienation led to burnout and job dissatisfaction. Burnout was defined as the state of physical and mental exhaustion, accompanied by feelings of despair and the inability to perform job duties effectively.

## Causative Analysis of the Problem

There were a number of contributing factors that lead to the stress and burnout experienced on the job. As discussed earlier, the environment in which these counselors worked was extremely stressful due to the high crime rate and widespread poverty. Since they were rarely in the office, the counselors lacked a forum to discuss their feelings and concerns about the job. Individual supervision was often case-focused and there was limited time to discuss feelings or process issues of transference. The job, by its very nature, tended to be individualistic and isolating. The counselors worked independently and spent a majority of their work week in the field. There was limited time for engendering support and advice from fellow counselors. For the counselors, many of whom were "people persons", the isolation contributed to the existing stress.

The severity of the client's problems, and the lack of community resources available to address these issues made the counselors feel as if they had personally failed when goals were not met. The counselors saw only the most

severely abused and neglected children, and their families. When clients and families began to improve the counselor had to terminate, and then that case was replaced with yet another family in crisis. Oftentimes, the workers, wanting the best for their clients, created impractical goals and effectively set up themselves and the client for failure. Diminished community resources meant fewer safety nets for the client, and more demands on the counselor.

The role of the outreach counselor was not clearly defined and emotional boundaries were difficult to maintain (Jones,1993). Since the counselor saw the client intensively in a variety of settings, the relationship took on a more familiar tone. The client's successes and failures took on a more personalized form and this accelerated the burnout process. Counselors had to meet with the clients 3 - 5 times per week for the duration of the case. The frequency of contact caused the counselors to experience 'burnout' (Kurland & Salmon, 1992). The employees had expressed feelings of frustration due to the lack of input they had in frequency of contact and duration of service provided to their clients.

Counselors were overwhelmed by the amount of paper work that had to be completed for each client. They were unable to produce the type of monthly reports required, due to both time constraints and lack of clinical knowledge.

## Relationship of the Problem to the Literature

The problem of burnout in child welfare and other helping professions is well documented in the literature. Extensive citations in the literature indicate that the environmental stressors and intensity of the profession lead to a host physical and psychological symptoms. The phenomena of burnout is not gender specific, exists among both urban and rural workers and transcends intercultural and international boundaries. Research conducted on employees in the helping professions in Taiwan, Australia, Japan, Great Britain, Israel, the United States,

Canada, and New Zealand, reveal that the symptomology of burnout is characteristically consistent worldwide and presents a real dilemma, for both the employers and employees of human service-oriented professions (Reamer, 1992; Cwikel, 1993; Kahill, 1988; Green & Walkey, 1988; Etzion & Pines, 1986; Jayaratne, 1986; Samantrai, 1992; Chen & Lu, 1994; Bennett, Kelaher, & Ross, 1994; Karaki, 1991; Meier & Davis, 1982 & Mathews, 1990).

Verstraete (1994) and Ursprung (1986) reviewed the literature on job related stress among child protection workers and others in the "helping professions", who experienced a host of psychosomatic and emotional disturbances. Bennett, Kelaher and Ross (1994) describe burnout as a reactive, situational phenomena that is reflective of the nature and conditions of the employee's caseload and work environment, and is not correlated with personality type. Research conducted on the level of burnout among Taiwanese education specialists found that there were no significant differences in the symptomology of subjects in relation to years in the profession or degree of religiosity (Chen & Lu, 1994).

Russell, Altmaier and Van Valzen (1987) identified burnout among classroom teachers as a phenomena related to low salaries, excessive paperwork and an unsupportive administration. Raquepaw and de Haas (1984) site the lack of parental support and student motivation as major contributors to teacher burnout. Other issues leading to the problem of burnout include the fact that education is compulsory and teachers are mandated to provide an education to all students. Despite resistance from students, educators must provide academic services (Vinokur-Kaplan, 1990). Becker (1993) and Nautrail (1987) investigate the causes of burnout among librarians and conclude that unreasonable job expectations and the lack of autonomy are contributing stressors.

Burnout among physicians (Jex, Baldwin, Hughes, Storr & Conard,1991 ) was attributed to long work hours, high workloads, death and suffering, and clients who are resistant and unwilling to help themselves. Karaki (1991) studied the level of stress among Japanese workers attending an outpatient stress clinic in Tokyo. Patients were found to be suffering from numerous psychological and physical symptoms. According to the study "psychological fatigue" was linked to job related stress.

Workers constantly exposed to stress become demoralized and exhibit decreasing levels of efficiency (Miller, 1988; Penn, 1988). Daley (1979) warns that increased effort and decreased effectiveness on the job are tell-tale warning signs of burnout. Oftentimes, the author continues, workers are so highly stressed, they are unaware that they are experiencing burnout (Daley). The problems experienced by clinicians, according to Verstraete (1994), are caused by a cyclical, progressive process beginning with "idealistic enthusiasm" and ultimately ending with passivity and despair. The client's trauma and experience begins to impact the clinician overtime, resulting in the vicarious traumatization of the clinician (Saakvitne, 1995; McLaughlin & Erdman, 1992).

Psychologist Holly Ramsey-Klawsnik (1994) explores the phenomena of traumatic countertransference and secondary post-traumatic stress disorder (P.T.S.D.) in child welfare workers. Ramsey-Klawsnik warns that "trauma is contagious", especially in child protection services. The symptomology of secondary P.T.S.D. may include feelings of helplessness, anxiety, problems in personal relationships, phobias and numerous stress induced reactions (Saakvitne, 1995). Frequently, workers adopt a number of defense mechanisms to cope with the stress. In traumatic countertransference, the social worker experiences an emotional reaction to client material and may begin to overly

identify and internalize the client's issues (McCann & Pearlman, 1990). Greco (1995) notes that even salespeople can become overly involved with their customers, and "need occasional lessons in levelheadedness".

Organizational climate is one of the primary contributing stress factors in the human service profession (Rycraft, 1994). McNeely (1988) attributes the recent rise of burnout to numerous changes in the profession in recent years including: increased caseloads, low salaries, decreased community resources for clients and increased clerical duties, coupled with a decrease in the amount of time spent performing clinical work with clients. Diminished funding resources and bureaucratization are contributing factors to employee stress (Arches, 1991).

Samantrai (1992) considers burnout from the perspective of turnover in the field. "Motivational factors", including: commitment, educational status, experience, motivation, and working conditions, all influence the decision to leave. Burnout occurs when workers have no professional forum in which they process their feelings and concerns about the job, and their clients. Inglehart (1990) acknowledges the negative impact of burnout and turnover on both the human service agency and the individual employee. The departure of colleagues may exacerbate the stress on the remaining co-workers, both in terms of personal loss and increased employer demands to compensate for the loss of manpower. The author does, however, acknowledge that turnover, in some cases, is beneficial (Inglehart). A "bad apple" can create a culture of discontent and cynicism among staff members, exacerbating the level of stress in the organization. Rycraft (1994) notes that attrition is related to the lack of fit between the employee and organization, as well as, the level of investment for all parties concerned.

# CHAPTER III

## ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

### Goals and Expectations

The anticipated goal was to create a forum where employee stress and burnout could be addressed and dealt with in a supportive environment. The main objective was to address the issue of burnout with the individual employees and also at the organizational level. In addressing the causes of stress in the workplace, one goal was to alleviate the symptomology caused by work related stressors.

The program goal was to address the fundamental causes of stress within the program and provided a vehicle to allay further episodes of burnout. The model was designed to serve as a basic framework, with sufficient flexibility for modifications, as future work conditions introduced a host of new stressors.

### Expected Outcomes

The following goals and outcomes were projected for this practicum.

1. This program will give counselors an opportunity to look at their work style and determine potential stressors in the work environment. Counselors will analyze known sources of stress and find methods of addressing their needs.

2. Time management will become an important part of stress management. Workers will use time effectively, and efficiently. They will complete

the required number of client visits and complete satisfactory paperwork in a timely manner so it does not carry over into the next day of work.

3. Clients will receive quality service since the counselors will not be as physically and emotionally drained. Furthermore, services will be goal oriented, thus, benefiting both the client and counselor.

## Measurement of Outcomes

The expected outcomes include improvement in the counselors' general attitude toward the job and authority, leading to better staff morale and increased productivity.

Outcome 1: Counselors will complete paperwork on time and written in a professional manner. Employees will produce on time and quality paperwork 75% of the time. Paperwork logs will be maintained on each worker. These logs will list each client served by the counselor and due dates for paperwork, respectively. Pre- and post-measurements will be tracked via the casework service report tracking form (Powers, 1995a). This method was developed to simplify both the recording of data and accessibility of information for both the supervisor and employee.

Outcome 2: Counselors will be in attendance at all required meetings, including staff meetings, group supervision and individual supervision. They will be on time and prepared. Attendance at meetings will be monitored and recorded. Attention to attendance is important in terms of troubleshooting for burnout symptomology and ensuring that employees are receiving the needed peer and administrative support. Frequently, those suffering from burnout are unaware of their condition or they are feeling overwhelmed by circumstances around them. Avoidance is a classic symptom of burnout.

Outcome 3: Counselor contacts with clients will be in accordance with contractual obligations (1 - 5 times per week). Compliance information will be taken from the monthly statistical forms for the tracking cases and weekly statistical reports for the sub-contracted cases. The monthly statistical forms and weekly statistical reports provide simple 'at-a-glance' access to voluminous data, regarding frequency and type of contact for each client and related collaterals.

Outcome 4: Employee sick and disability leave time will be reduced by 50%. Employee leave will be tracked via weekly time sheets, requests for leave and vacation/sick time tracking forms. Pre- and post-program quantitative data will be assessed. Due to the pathology of occupational stress and burnout, measuring absenteeism is a critical indicator of stress levels for both the individuals and the organization. The aforementioned time sheets and tracking forms provide the necessary data in simplified numerical and narrative formats.

Outcome 5: Employee morale will improve. Informal interviews with staff will provide information related to the employees' general mood and reaction to stress. At least 75% of the staff will report reduced stress and improved morale. Pre and post program results will be calculated from the "S.O.S. Occupational Stress Factor Survey" (Powers, 1995b) (Appendix A) and the "S.O.S. Occupational Stress Profile" (Powers, 1995d) (Appendix B). The survey and profile will be completed week three for pre-program data. During week twelve, the profile and survey will be completed to measure post-program data.

During the practicum's initial, inductive phase, a series of individual interviews and group discussions were held. The employees participated in this series of informal interviews and groups so this writer could gather information on

occupational stress factors specific to that work setting. The interviews were conducted by this writer and ranged from 20 minutes to one hour, with an average of 40 minutes. The groups were also facilitated by this writer and solicited information regarding both personal and professional experience with stress.

Notes were taken during these meetings and analyzed for thematic content. During the preliminary phase of this practicum the information related to occupational stress gathered from the employee interviews and group sessions was interpreted and organized into categories. These initial interviews and groups yielded a taxonomy of 9 stress-inducing factors with one miscellaneous category, listed as "other". These 10 occupational stress factors, included: paperwork, client issues, travel, salary, undefined role, collateral relations, lack of appreciation as a professional, lack of control over case outcomes, lack of resources and other. The factors were listed in random order and included on the S.O.S Occupational Stress Factor (OSF) Survey, a Likert-type scale designed specifically for the program. Employees were asked to rank the level of stress each factor caused from low stress (one) through high stress (10).

Additionally, information gathered during the interview period was included on the S.O.S Occupational Stress Profile. The profile was an essay-style survey with open ended statements designed to help employees analyze the causes and effects of occupational stress, and begin to think about personal solutions to the problem. The 5 profile areas included the following statements: "There are certain aspects of the job that make me feel stressed" ; " I notice that stress on the job is affecting me outside of work because _____. My friends/family/spouse noticed that stress is affecting me because I _____" ;

"When I am feeling stressed I usually _____ or _____" ; "I have heard or read about dealing with stress by _____ or _____. I would like to try this (these) method (s) _____." ; " Tomorrow I am going to _____ to address _____, which is one stressful factor at work."

Outcome 6: Employees will begin to identify sources of stress and commit to resolving issues, one at a time. During week three employees will complete the " S.O.S. Occupational Stress Factor Survey" , and "S.O.S. Occupational Stress Profile" to determine personal sources of stress. After completing the profile and the survey employees will participate in the "S.O.S. Stress Management Contract" program (Powers, 1995c), which encourages them to select one stress reducing, health benefiting change and commit to following it for a three month period. Workers will identify one fellow employee to endorse the contract as a "sponsor". During week twelve employees will review their contracts and complete the profile and survey again. Increased ability to identify and manage sources of stress will be demonstrated by 75% of the staff.

Outcome 7 : An informal group will be facilitated to allow employees time to process their feelings and enjoy 'downtime' with their colleagues. This group will be voluntary, but attendance will be monitored from the first meeting during week four to the final meeting during week eleven. The attendance list will measure the level of employee participation. Attendance will be increased by 50% by week eleven.

# CHAPTER IV

# THE SOLUTION STRATEGY

## Discussion and Evaluation of Solutions

As cited in Daley (1979) "peer support" is both a convenient and successful means of addressing occupational stress, particularly for those employed in human services. In investigating processes for addressing multiple problems, Mackey (1980) looks at the interpersonal dynamics and goals of growth-oriented social work groups. Even in this atmosphere of help and support, Mackey contends that individuals go through several stages: beginning with tension and mistrust, transitioning through a phase of emotional cohesion and group support and ultimately concluding by focusing on individual personal needs.

"Formal" groups, such as supervision groups, can be a good forum for idea exchanges, team building, and sharing of clinical information (Sokol & Aiello, 1993). "Informal" groups that provide employees with a 'timeout' from the day to day rigors of the job provide workers with some 'downtime' and also address the feelings of isolation and alienation the workers may have, particularly in social work, which has a high degree of autonomy (Zastrow, 1984).

Cooper and Cartwright (1994) note that the solutions for stress reduction are not 'generic' or applicable to all employees in all settings. Neither according to the authors, is the stress caused solely by one factor or one variable. A "stress

audit" is recommended to ascertain the causes and level of stress in an organization. Several test measures are available. The authors use the following questions as a guideline to assessing organizational stress in a particular work environment.

1. What is the present level of stress in the organization ? Is the stress greater in some programs than others ? What are or are not the variables to consider in light of this ? How does the stress level of social work compare to other professions ? Does this particular program have a problem ?

2. Do we know what the problem is ? Can we identify specific sources of stress ? Is the stress agencywide, or just specific to this program ? The authors also note that addressing organizational contributions to the stress factor is a proactive approach to tackling stress from the "front end".

In accordance with this approach, an editorial in Social Work (Ed.) (1980) warns against programs that try to "fix" the employee without taking organizational responsibility. This 'blaming of the victim' attitude causes further alienation of the overstressed worker.

Allowing employees to identify sources of stress empowers them to look at the causes of stress from a systemic point of view. As the organization takes responsibility for the working conditions and style, the organizational culture can open up (Cooper and Cartwright,1994). As the organizational culture transforms, employees' self-esteem and job satisfaction improves.

## Description and Justification for Solution Selected

The implementation period for the solutions to the problem of burnout in the program will span a 12 week period. The solution strategy selected includes a stress management program that addresses both individual and organization factors that result in stress. The solutions will include the introduction of

group work for the employees of the counseling program, a restructuring of the counseling program (according to new contract specifications) and modified documentation.

The counseling program will no longer consist of 3 - 5 contacts with the client per week . In the new model counselors determine the intensity of the services. The first two weeks will consist of an assessment phase. During this time, counselors meet with the client 5 - 6 times and determine the goals and objectives for the duration of the case. At the end of this period, counselors and supervisors will produce an assessment report, which discusses client needs and case goals. In this report, counselors will determine the type of the service to be provided from intensive, which consists of 5 contacts per week for a 6 week period, to moderate, which consists of 2 - 3 contacts per week for a 6 - 8 week period. The termination process will consist of 1 - 2 visits per week for a two week period. Counselors and supervisors will write the termination summary. The duration of service will be 4.5 months.

Counselors are authorized to move their clients into or out of the intensive and moderate phases according to the needs of their client. In this new model, the counselors are empowered to manage the case according to their own assessment and expertise. Paperwork and reports will decrease. Counselors are no longer required to write psychosocial assessments or monthly reports for each of their clients. In lieu of these reports, counselors will write 'process recordings' of sessions with their clients. These process recordings will be summarized and used in phase reports written by the supervisors, as clients complete the various stages of the program. Supervisors and counselors will be responsible for termination summaries at the end of the service period.

The groups introduced to the program will include two formal, process-oriented groups. One group will consist of the direct supervisees of this writer, while the other will consist of the clinical supervisor and those supervised by her. These small groups will include topical issues and provide workers a forum for exchanging cases and clinical information and support. These groups will be compulsory for all employees. The supervision groups will meet bi-weekly.

Once per month, after group supervision, employees will meet in a large informal group. This process will be facilitated to allow all employees a 'timeout' period and provide a forum for support and encouragement. One of the objectives of this larger group is to address the counselors' feelings of isolation and alienation. This type of arrangement will allow employees time to relax and reflect on issues they deem important.

The unstructured portion of this group is a modification of corporate programs which offer 'casual days' to their employees. This is a critical part of the process since 'organized or mandated merriment' have been proven to be ineffective (Cooper and Cartwright, 1994). This group will meet monthly and participation is encouraged, but will be voluntary. During the implementation period, employees and management will meet to conduct a program assessment in a "retreat" style format, outside of the office.

Employees will complete an "S.O.S. Occupational Stress Factor Survey" and "S.O.S. Occupational Stress Profile" to help them identify their own sources of and responses to job-related stress. In addition, employees will complete an "S.O.S. Stress Management Contract", identifying one area in which they can address stress on the personal level. Employees will select a sponsor (co-worker) to co-sign the contract and will review their progress after a three month period. The purpose of the "sponsor" is two-fold. First, the sponsor will

serve as an advocate and personal supporter for the employee. In many ways the "sponsor" is similar to the "sponsor" in twelve step programs. This person will provide support, encouragement and can help the employee stay on track with their stress management objectives. The second objective is to facilitate camaraderie and team building. Through the contract program employees can form small teams to address stress related issues.

Several staff members have requested that they would like to occasionally have an informal group meet after group. They have also expressed an interest in combining the two supervision groups periodically. In compiling the list of 'stressors' for the Occupational Stress Survey, several staff have shared their own ideas and experiences. Counselors have noted that one of their major sources of stress is paper work. Since the paper work guidelines are determined by the counseling program, and not the contracting agencies, modifications can be implemented more readily.

## Report of Action Taken

This writer followed the 12-week implementation plan as presented under the description section. Changes in the practicum were as follows. The monthly stress management workshops were less formalized than originally planned due to the lack of funding for guest presenters. The workshops were instead presented in a group discussion format, facilitated by various members of the staff, including management team. The counselors requested that the groups be combined once a month into a large group supervision.

The informal group process spun-off into several group activities, including a fundraising event and frequently informal subgroups of coworkers gathered for lunch and after work activities. Due to the rigorous schedules of the staff, the informal group oftentimes met after the formal group supervision.

Week One

An orientation group was held after a weekly staff meeting and the stress management program was presented to the staff and management team members. The program orientation had a number of objectives: (a) to encourage staff members to engage in dialogue and present questions and concerns related to occupational stress, (b) to help staff members begin to look at their own sources and level of stress, and (c) to solicit suggestions and recommendations.

The concept of the new group supervision format was presented to the counselors, some of whom expressed enthusiasm, while others were more reserved in offering their opinions. The difference between the weekly administrative staff meeting versus clinical group supervision was discussed to address any confusion regarding the objective of each meeting, respectively. Many of the counselors noted that they would like to meet as a collective group so they could learn about each others' cases. One counselor discussed the importance of these inclusive group supervisions, noting that familiarity with each other's cases would offer invaluable client information in the case of on-call emergencies. Progress notes were collected and logged. Time sheets and leave forms were analyzed for relevant data.

Week Two

The management team met and discussed program goals and objectives. Concerns were processed and logistical considerations (i.e., location of group supervision) were resolved. In addition, possible discussion topics for group supervision were discussed, including: the cycle of substance abuse, client attachment and separation and parenting skills.

Employees met for their regular, weekly individual clinical supervision.

Progress notes were collected and logged. Time sheets and leave forms were assessed for relevant data.

Week Three:

Employees met as a group and completed the S.O.S. Occupational Stress Survey and the S.O.S. Occupational Stress Profile. Some employees were hesitant, at first, letting others begin the process, then following suit. There seemed to be concerns among some staff members that they may be admitting to failure if they had high stress scores, while others were quite vocal during this task, verbally affirming their answers and discussing their plight with peers. At this time employees also completed the S.O.S. Stress Management Contract, and had a fellow co-worker sign the contract.

Once again, the employees had various reactions to this process. Some eagerly approached the task, while other were more cautious. According to the literature on burnout, workers constantly exposed to stress become demoralized and exhibit decreasing levels of enthusiasm and efficiency. Daley (1979) warns that increased effort and decreased effectiveness on the job are tell-tale warning signs of burnout. Oftentimes, the author continues, workers are so highly stressed, they are unaware that they are experiencing burnout (Daley). Frequently, the stressed worker will employee a number of psychological defense mechanisms. One such coping mechanism is denial. This process includes the underestimation of one's own level of stress or the overestimation of one's ability to cope with stress.

During this week progress notes were collected and logged. Counselors met individually with their supervisors for weekly clinical supervision. Time sheets and leave forms were analyzed for relevant data.

Week Four

Management Team met and discussed program progress and areas of need. Timeliness for supervision was discussed as a chronic concern with several of the employees. The team noted that the employees who seemed the most stressed and the most in need of clinical support were frequently the ones who were late or missed supervision. According to the literature on burnout phenomena, clinicians experience a cyclical, regressive process beginning with a superman-like "idealistic enthusiasm" and ultimately ending with passivity and despair (Verstraete,1994). It is not uncommon that a worker under severe stress, in the early stages of burnout will believe that they can 'go it alone' and are not in need of support, while those in the latter stages feel that meetings are futile.

Eight employees met in an informal group and shared lunch, which was prepared by one of the staff members. The staff discussed the program's progress and areas of need. Individual counselor's shared information about their client successes and concerns of the week, which included both job related and personal issues. They seemed to thoroughly enjoy the time together and inquired about 'the next time'. Several counselors declined the invitation to join the group citing the need to "get paperwork done", "make phone calls" or "go to appointments". Of the employees that joined the group, Five stayed for more than an hour conversing, while three stayed for about 20 minutes.

Week Five: The counselors met for group supervision in two separate groups, with their respective supervisors. Many of the counselor's noted that they enjoyed this new format immensely, while the meetings were noticeably awkward for others and several employees were late. Mackey (1980) notes that in the group process members go through number of stages. In the beginning there is often tension and mistrust (Grossman, 1993; Reynolds, Taylor & Shapiro, 1993).

The topic for group was client issues of loss and separation, facilitated by this writer. The group members offered case studies of their clients and discussed impact of these losses on the client. The counselors seemed quite relieved to purge their own feelings and frustrations related to this issue, as well. Several counselors offered advise and solutions pertaining to the specific cases presented (D'Zurilla,1990). They were also able to express empathy for their colleagues, which seemed to have a therapeutic effect on the counselors (Johansson, 1991).

After this first group meeting, the counselors appeared to be more relaxed than before supervision. They afterward were observed laughing and joking with each other. The counselors' progress notes were collected and logged. Time sheets were analyzed for relevant data.

Week Six: During this week counselor's met for their individual supervision sessions. The employees met for an informal group after the weekly staff meeting. One staff member volunteered to get take-out for the 6 counselors who gathered in the group. Several declined the invitation noting that they were "too busy", "had appointments" or "had paperwork to do". The group met for about one hour and discussed a combination of topics ranging from personal to professional issues.

The counselors progress notes were collected and logged. Time sheets and leave forms were analyzed for relevant data.

Week Seven: The counselors met for group supervision in one large group facilitated by both supervisors. The counselors were questioned about their feelings regarding the group supervision and the responses included "wonderful", " I've gotten good suggestions", "it's good to hear about other people's cases", "It's good to know all the client names and cases [for on-call duty]".

In addition, the counselor's noted that they wanted to continue meeting in the smaller supervision groups bi-weekly and have the large supervision group once per month.

The large supervision group included a stress management workshop on "spotting the symptoms of burnout". Included in the discussion was the concept of "commitment to ourselves" as workers (Harkness & Hensley, 1991). For many of the counselors this was a difficult concept to grasp. Due to the people-oriented personalities of many of those in the helping professions, it is often difficult for them to be introspective and find time for their own needs (Sharrard, 1992).

All the employees met for an informal group and planned and discussed future activities they could enjoy together. Among the recommendations, the group discussed having lunch together on Wednesdays and also arranged a date to meet after work to go bowling together. In addition, the counselor's discussed having a raffle to raise money for the youth music project that one of the counselor's had started. Each group member offered to help with the project by either soliciting donations from local businesses or helping with ticket sales. The level of enthusiasm appeared to be quite high during this meeting and all parties participated in the discussion and decisionmaking processes (Kahn, 1993).

The counselor's progress notes were collected and logged. Time sheets and leave forms were analyzed for relevant data.

Week Eight: The management team met and discussed the progress of the program. The team members were in agreement that the counselors seemed to engage well in the group format and after group supervision they appeared more relaxed. It was also noted that a little "ribbing and teasing" was often occurring between counselors during the group process, bringing comic relief to stressful events or unsuccessful interventions that normally caused the individual

counselors to feel as if they had failed. During one such episode, a counselor who was normally quite serious, began relaying information on a less-than-successful client encounter. The tone of the presentation was solemn, when suddenly, another counselor added an impromptu punchline to the story. Spontaneously, the entire group burst into laughter. The counselor grinned broadly and laughed along, adding some additional humorous comments. Immediately, feedback began from around the room as counselors relayed their own similar 'war stories'. This type of response became more common place as the group developed cohesion. Mackey (1980) notes that cohesion and group support are intermediate development phases in the group process. As group members become more familiar with each other, they become more supportive and empathetic (Reynolds & Briner, 1994).

Issues of timeliness for group supervision continued to be an issue for specific employees, albeit there had been increasingly, significant improvement from the beginning of the practicum.

The counselors participated in individual informal interviews conducted by this writer and a majority noted that paperwork was still a stressful factor at work. Most of the counselors noted that they were pleased about having 'more say' about the frequency of contact with their clients and duration of the cases. All the counselors commented that the group supervisions were helpful to them, both clinically and personally.

During this week the counselors met in individual supervision. Their progress notes were collected and logged. The time sheets and leave forms were analyzed for relevant data.

Week Nine: The counselor's met for group supervision in the large group. The dynamics of the group flowed with little to no facilitation by this writer. As

each counselor discussed a case, input by the other the counselors was systematic and supportive. The group functioned as a cohesive unit. When one male counselor expressed feelings of inadequacy in counseling the mother of his client, a female counselor volunteered to team up with him and visit the family. Another counselor offered to transport a colleague's client to school when a scheduling conflict was discussed during the case presentation.

In addition to the various teaming efforts that took place during supervision, three of the counselors organized group activities for the counselors and their clients to attend, including free sailing lessons at a nearby waterfront location and free lunch with a private concert, at a nationally-renowned blues and jazz restaurant. Another counselor offered the use of his vacation home in a nearby resort area for the employee retreat and program evaluation.

During this group supervision all the employees arrived on time and were prepared for supervision.

All of the employees attended the informal group and discussed the raffle, which was now underway. There was a great amount of excitement surrounding the discussion of the prizes that employees had donated, or had solicited from friends in business and local commercial establishments.

The progress notes were collected and logged. Time sheets and leave forms were analyzed for relevant data.

Week Ten: All of the employees participated in the retreat, hosted by one of their colleagues at his vacation home. There was nearly a carnival atmosphere as the employees arrived bearing homemade treats and greeted their colleagues, who had arrived before them. At times, the group even applauded the new arrivals, announcing their names to the others in attendance. After an hour of

merriment, the staff sat down and began to conduct the program evaluation and discuss program issues.

Initially, the discussion revolved around paperwork and administrative concerns and successes. About one hour into the discussion, the group began to process more personal issues related to the job. Some talked about how they began to recognize stress, while others spoke about how they were dealing with it. One striking conversation emerged during this process, in which one the employees began to discuss the murder of a teen client earlier in the year. One by one the counselors, most of whom had known the young girl well, began to process their grief in a very open and personal way. Some discussed the anger and resentment they felt, while others spoke of nightmares they had after the incident. Still others spoke of the deep sorrow they still felt. During this process some workers embraced each other, while others reached over to comfort a colleague.

Progress notes were collected and logged. Time sheets and leave forms were analyzed for relevant data.

Week Eleven: The counselors met for group supervision in a large group. All the counselors were in attendance and on time. The group 'ran itself', with minimal facilitation. Counselors offered support and advice to each other and once again formed teams to address each other's needs and share their expertise.

Progress notes were collected and logged. Time sheets and leave forms were analyzed for relevant data.

Week Twelve: Employees met to conduct and review their progress over the past 12 weeks. Many noted, verbally, that they were feeling much less stressed. The S.O.S. Stress Management contracts were reviewed and some counselors

offered to talk about some of the stress-reducing activities they employed. Two colleagues had agreed to use physical activity to combat stress. Their agreement to meet one day after work included such activities as cycling and walking at a local pond. One counselor had contracted to read something "spiritually uplifting" each day and in fact had decorated her work area with inspirational quotes and photographs of things she really enjoyed.

All the employees requested additional stress management programming and seemed to have grasped a clear understanding of stress and its sympotomology. Most importantly, counselors seemed to functioning as a team and noted that they felt less isolated. All of the employees completed the post-program S.O.S. Occupational Stress Factor Survey and the S.O.S. Occupational Stress Profile. It was noted that suggestions and recommendations made by staff would be integrated into the program whenever possible.

Management Team members met and assessed the program's progress. They agreed unanimously that the employees seemed less stressed and the quality of work had improved significantly during the 12 week period. Progress notes were collected and analyzed. Time sheets and leave forms were analyzed for relevant data.

# CHAPTER V

## RESULTS, DISCUSSION, AND RECOMMENDATIONS

### Results

Occupational Stress and the ensuing burnout which occurs in human service organizations is detrimental not only to the individual employee, but impacts the organization and clients. The problem of burnout is well documented in the literature, and the symptomology of burnout is similar worldwide. The goal of this practicum, conducted over a 12 week period at a human service agency in an urban area of the Northeast United States, was to create a forum where employee stress and burnout could be addressed and dealt with in a supportive environment. The main objective was to address the issue of burnout with the individual employees and also at the organizational level.

The participants were youth counselors and supervisors employed at a not-for-profit human service agency. The educational experience of the subjects ranged from some college to doctoral level coursework. The work experience of the employees included 0.5 years to twenty years in the field. All participants expressed similar symptoms of burnout, despite educational and experiential level.

Demographically, the workers represented diverse segments of the population at-large, including African American, Brazilian, Caucasian, Haitian and West Indian. Employees consisted of both men and women, with and without children; married, single and divorced; heterosexual, lesbian and homosexual. The employees were between age 22 and age 47, with the median age range in the mid-30's. Participants in the stress management program included 10 youth counselors, 2 college interns and 3 supervisors.

The solution strategy selected included a 12 week, multi-faceted stress management program that addressed both the individual and the organization factors that resulted in occupational stress. The following outcomes were projected:

Outcome 1: Counselors will complete paperwork on time and written in a professional manner. Employees will produce on time and quality paperwork 75% of the time. This outcome was partially met. Although quality improved dramatically for all counselors and re-writes were virtually eliminated, the timeliness of paperwork continued to be a problem for some employees. Three employees were constantly late handing in their weekly notes, however during weeks 10 and 11 all of the employees handed their case notes in on time. The improvement in timeliness is still significant, however, since at the outset of the practicum more than half the staff members were late with their notes on a regular basis.

Outcome 2: Counselors will be in attendance at all required meetings, including staff meetings, group supervision and individual supervision. They will

be on time and prepared. This outcome was met. Although several staff were slow to attend on time during the first couple of weeks, they completed the program by attending all meetings prepared and arrived in a timely manner. By the end of the program, many of the staff were gathering together before the meetings to share coffee and donuts and review the meeting agenda.

Outcome 3: Counselor contacts with clients will be in accordance with contractual obligations (1-5 times per week). This outcome was met. The counselor's performance matched the anticipated results. During the 12 week practicum all the counselors met with clients according to contractual obligations and several exceeded the minimum required visitation. Previous to the practicum, nearly half of the staff were failing to meet with their clients as required by contract. Do to the new phase system and goal-oriented approach to case work, counselors noted that they approached tasks with more of a sense of purpose. Under the new phase system, visits would be task-oriented and more brief. As a result, counselors were able to stay on schedule and complete the number of visits necessary.

Outcome 4: Employee sick and disability leave time will be reduced by 50%. This goal was met. Employee leave time (sick and disability) was reduced by 30% and no employees resigned or took disability leave.

In the 12 week period preceding the stress management program employees took a total of 135 sick leave hours. During this same period of time one worker resigned and another went on mental health disability leave, due to job-related stress. During the twelve week implementation phase employees took 56 hours of sick leave and there were no staff resignations. One employee went of maternity leave during week 11 of the practicum. Family leave for one employee is included in the sick leave hours measured during the practicum period. Since

the agency has no family leave time allotted for workers, this time was taken from the sick leave hours. In reviewing the hours of actual sick leave, as reported by employee time sheets and leave forms, the actual hours of sick time is in the range of 35-42 hours, exhibiting approximately a 74% improvement.

In considering seasonal fluctuations in employee absenteeism, there is little reason to believe that the 12 week period preceding the program had sufficient enough influence to explain a 30 % (+) decline in sick time. In addition, the 12 week pre-program period transpired in the late spring to early summer, while the program was implemented during the summer months. The climatic change from one season to the next was not extreme as to impact the results..

Outcome 5: Employee morale will improve. Informal interviews with staff will provide information related to the employees' general mood and reaction to stress. At least 75% of the staff will report reduced stress and improved morale. This outcome was met. Based on the information derived from the first series of interviews and groups conducted at the outset of the practicum, the following taxonomy of stress factors (Table 1) was developed. At this time all of the staff reported feeling overwhelmed and hopeless. Most noted that they believed morale was low due to the widespread stress among their colleagues. All the staff members reported that they felt high levels of stress in at least 6 of the categories. In post program interviews, staff noted that they felt high stress in one or two areas, but mostly found that they had addressed the other stressors. Staff also noted that morale had improved significantly. This was also exhibited in the number of group activities that were conducted during the practicum. During the pre-program period, employees had no group activities. During the practicum period, employees participated in five self-organized, group activities and additionally, organized a raffle to raise money for the program.

Table 1

Taxonomy of Stress Factors Reported by Employees

1. Paperwork (includes Client related notes and reports)
2. Client Problems/Issues (Includes clients who are difficult to engage and client's individual problems (social, emotional, economic)
3. Travel / Driving (Includes time spent driving, distance traveled, traffic)
4. Salary (Includes salary, compensation, reimbursement)
5. Undefined Role (Includes conflict between agency demands and contractual obligations, changes in contracts, differences between contractual obligations, overlap with other service providers)
6. Collateral Relations (Includes relationship with various systems: schools, state agencies, private agencies, court system)
7. Lack of Respect/Appreciation as a professional (Includes administration, collaterals, clients)
8. Lack of Control Over Case/Client Outcomes (Includes inability to determine type and duration of service to clients, feelings of inadequacy when addressing client needs)
9. Lack of Resources (Includes outside client services, adjunct programming)
10. Other (Includes interpersonal dynamics, supervisory needs, supply needs)

Outcome 6: Employees will begin to identify sources of stress and commit to resolving issues, one at a time. Employees will complete the " S.O.S. Occupational Stress Factor Survey", and "S.O.S. Occupational Stress Profile" to determine personal sources of stress. After completing the profile and the survey employees will participate in the "S.O.S. Stress Management Contract" program, which encourages them to select one stress reducing, health benefiting change

Table 2

Survey Results I: Answers for Each Stress Factor and Level.

| | STRESS LEVELS | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.Paper | 5 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 10 | 10 | 79 |
| 2.Client | 3 | 4 | 4 | 5 | 6 | 6 | 7 | 8 | 8 | 8 | 59 |
| 3.Travel | 2 | 3 | 5 | 5 | 7 | 8 | 8 | 9 | 10 | 10 | 67 |
| 4.Salary | 1 | 2 | 4 | 8 | 8 | 9 | 9 | 10 | 10 | 10 | 71 |
| 5.Role | 1 | 2 | 2 | 2 | 5 | 7 | 8 | 8 | 10 | 10 | 55 |
| 6.Relat. | 2 | 3 | 3 | 3 | 4 | 6 | 7 | 7 | 8 | 9 | 52 |
| 7.Rspct. | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 7 | 9 | 9 | 37 |
| 8.Control | 5 | 5 | 5 | 6 | 7 | 8 | 8 | 8 | 10 | 10 | 72 |
| 9.Rsrc. | 3 | 3 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 9 | 57 |
| 10.Other | 8 | 9 | 10 | 10 | 10 | | | | | | 47 |
| Total | 31 | 38 | 44 | 52 | 62 | 60 | 66 | 74 | 84 | 85 | 596 |

Note. The average was calculated by dividing the overall stress level points for the 10 stress factors by the total number of responses (596/95 = 6.2736).

n1 = 95

and commit to following it for a three month period. Workers will identify one fellow employee to endorse the contract as a "sponsor".

This goal was met. All of the employees completed the pre- and post-program S.O.S. Occupational Stress Surveys and S.O.S. Occupational Stress Profiles. In addition, workers completed the S.O.S Stress Management Contracts and identified sponsors from among their colleagues. In addition, by week 7 of the program , counselors began independently forming work teams to pool areas of expertise and offer their skills to their colleagues. The results of the pre- and post-program results are as follows:

Survey One. In S.O.S. Occupational Stress Factor Survey one, conducted during the pre-program period, each respondent's stress factor level was recorded and a mean was tabulated giving an overall pre-program stress level (Table 2). The mean stress level 6.27 was at the high end of the S.O.S Occupational Stress Factor Survey scale. In addition, the sum of employee responses for each stress factor was calculated to determine rank for each category, respectively. "Paperwork" was the highest ranking stressor with a rating of 79/100 while "Lack of Respect" was the least stressful with a rating of 37/100, at the high end of the low stress rating.

The total number of responses per stress level were tabulated for Survey One to determine the rank of each stress level (low, moderate and high, respectively) (Table 3). Respondents assigned a high stress rating to 42/95 responses; 30/95 answers fell into the moderate stress range and 23/95 responses were within the low stress range. The average for each individual stress factor was tabulated and the "other" category, with specific, employee generated responses was the highest at 9.4; "paperwork" was second with an average of 7.9, while "lack of respect" was lowest with an average of 3.7 (Table 4).

Table 3

Survey Results I: Total Answers for Each Stress Factor and Level.

| | L.S. | M.S. | H.S. | Total |
|---|---|---|---|---|
| 1.Paper | 0 | 4 | 6 | 10 |
| 2.Client | 1 | 6 | 3 | 10 |
| 3.Travel | 2 | 3 | 5 | 10 |
| 4.Salary | 2 | 1 | 7 | 10 |
| 5.Role | 4 | 2 | 4 | 10 |
| 6.Relat. | 4 | 4 | 2 | 10 |
| 7.Rspct. | 7 | 1 | 2 | 10 |
| 8.Control | 0 | 5 | 5 | 10 |
| 9.Rsrc. | 3 | 4 | 3 | 10 |
| 10.Other | 0 | 0 | 5 | 5 |
| Total | 23 | 30 | 42 | 95 |

L.S. = 1,2,3
M.S. = 4,5,6,7
H.S. = 8,9,10

Note. L.S.is the low stress range; M.S. is the moderate stress range; H.S. is the high stress range.

Table 4

Survey Results I: Averages for each Stressor Factor.

| | Tot.Str.Fa | Tot. Answ | Average |
|---|---|---|---|
| 1.Paper | 79 | 10 | 7.9 |
| 2.Client | 59 | 10 | 5.9 |
| 3.Travel | 67 | 10 | 6.7 |
| 4.Salary | 71 | 10 | 7.1 |
| 5.Role | 55 | 10 | 5.5 |
| 6.Relat. | 52 | 10 | 5.2 |
| 7.Rspct. | 37 | 10 | 3.7 |
| 8.Control | 72 | 10 | 7.2 |
| 9.Rsrc. | 57 | 10 | 5.7 |
| 10.Other | 47 | 5 | 9.4 |

Note. Total stress factor is the sum of all the responses for a given factor. Total answer is the total responses given for each factor. The average is the mean calculated for each stress factor.

Survey Two. In S.O.S Occupational Stress Factor survey two, taken week 12 of the program, the mean for each stress factor was calculated. Paperwork was the highest ranking stressor (71/100), while the "other" category was the lowest 21/100. The overall post-program, stress level mean was 5.85, within the moderate stress level range (Table 5).

The total number of answers for each stress level and factor were calculated to determine the rank of each stress level (low, moderate and high, respectively). Moderate stress was the highest ranking condition (41/94), while both low stress(26/94) and high stress (27/94) were closely ranked (Table 6). Averages for each stress factor for survey two were calculated. "Paperwork" (7.1) was the highest ranking stressor, while "Lack of respect" was the lowest ranking stressor (4.8) (Table 7).

Comparative Analysis of Results. In comparing the distribution of the totals of stress levels given for each stress factor from both surveys one and two, there is sufficient decline in the stress rating of each factor in the post-program and implementation period. Among the specific factors, the most significant declines were noted in the mean of "lack of Control over cases and outcomes" (7.2 to 5.5) and "travel and driving" (6.7 to 5.1) (Table 8). These variations maybe attributed to the programmatic restructuring instituted through the stress management program. Employees were encouraged to use a goal-oriented approach to their casework. In addition, they now determined both the intensity and duration of services. Previously, all cases were considered "intensive" and thus, the frequency of contact with all clients was the same, despite presenting client issues. Through the new program, employees determined the client phase, thus regulating and in many cases decreasing the frequency of contact. This change is reflective In the dramatic decline for "travel and driving" in survey two.

Table 5

Survey Results II: Answers for Each Stress Factor and Level.

| | STRESS LEVELS | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.Paper | 2 | 3 | 5 | 7 | 8 | 8 | 9 | 9 | 10 | 10 | 71 |
| 2.Client | 3 | 3 | 3 | 5 | 5 | 5 | 5 | 6 | 7 | 8 | 50 |
| 3.Travel | 1 | 2 | 3 | 4 | 5 | 6 | 6 | 6 | 8 | 10 | 51 |
| 4.Salary | 1 | 2 | 6 | 7 | 7 | 7 | 8 | 9 | 9 | 10 | 66 |
| 5.Role | 3 | 3 | 3 | 3 | 4 | 5 | 6 | 6 | 8 | 8 | 49 |
| 6.Relat. | 3 | 3 | 3 | 4 | 5 | 5 | 6 | 7 | 9 | 9 | 54 |
| 7.Rspct. | 1 | 1 | 3 | 3 | 5 | 6 | 6 | 7 | 8 | 8 | 48 |
| 8.Control | 2 | 2 | 5 | 5 | 5 | 6 | 6 | 7 | 8 | 9 | 55 |
| 9.Rsrc. | 1 | 2 | 4 | 5 | 7 | 8 | 8 | 8 | 8 | 9 | 60 |
| 10.Other | 1 | 5 | 7 | 8 | | | | | | | 21 |
| Total | 18 | 26 | 42 | 51 | 51 | 56 | 60 | 65 | 75 | 81 | 525 |

Note: The average was calculated by dividing the overall stress level points for the 10 stress factors by the total number of responses (525/94 = 5.585).

n2 = 94

Table 6

Survey Results II: Total Answers for Each Stress Factor and Level.

| | L.S. | M.S. | H.S. | Total |
|---|---|---|---|---|
| 1.Paper | 2 | 2 | 6 | 10 |
| 2.Client | 3 | 6 | 1 | 10 |
| 3.Travel | 3 | 5 | 2 | 10 |
| 4.Salary | 2 | 4 | 4 | 10 |
| 5.Role | 4 | 4 | 2 | 10 |
| 6.Relat. | 3 | 5 | 2 | 10 |
| 7.Rspct. | 4 | 4 | 2 | 10 |
| 8.Control | 2 | 6 | 2 | 10 |
| 9.Rsrc. | 2 | 3 | 5 | 10 |
| 10.Other | 1 | 2 | 1 | 4 |
| Total | 26 | 41 | 27 | 94 |

L.S. = 1,2,3
M.S. = 4,5,6,7
H.S. = 8,9,10

Note. L.S. is the low stress range; M.S. is the moderate stress range; H.S. is the high stress range.

Table 7

Survey Results II: Averages for each Stressor Factor.

| | Tot.Str.Fa. | Tot. Answ. | Average |
|---|---|---|---|
| 1.Paper | 71 | 10 | 7.1 |
| 2.Client | 50 | 10 | 5 |
| 3.Travel | 51 | 10 | 5.1 |
| 4.Salary | 66 | 10 | 6.6 |
| 5.Role | 49 | 10 | 4.9 |
| 6.Relat. | 54 | 10 | 5.4 |
| 7.Rspct. | 48 | 10 | 4.8 |
| 8.Control | 55 | 10 | 5.5 |
| 9.Rsrc. | 60 | 10 | 6 |
| 10.Other | 21 | 4 | 5.25 |

Note Catogories include "total stress factor": total points assigned; "total answers": total responses given; Average: mean average of stress factors.

Increases in stress factors from survey one to survey two are attributable to the changes in clinical intervention. Since casework became "goal oriented" , employees increased their level and intensity of contact with other community agencies and collaterals. In attempting to best serve their clients and optimize case outcome, workers sought community resources. Their frustration in securing these diminishing resources is reflective in the increase in the mean of "lack of community resources" (5.7 to 6.0). Similarly, increases in the mean of "lack of respect" (3.7 to 4.8) may be attributable to the goal-oriented, resource-seeking approach used by workers during the implementation phase. Simon and Dane-Oberhofer (1991) discuss the phenomena of social workers as "guests" in host settings, dominated by non-social workers. The authors note that the "token" status of social work in medical or educational settings may lead to feelings of inadequacy.

Outcome 7 : An informal group will be facilitated to allow employees time to process their feelings and enjoy 'downtime' with their colleagues. This group will be voluntary, but attendance will be monitored from the first meeting during week four to the final meeting during week eleven. The attendance list will measure the level of employee participation. Attendance will be increased by 50% by week eleven. This goal was met. By week 7, all the employees were attending the informal sessions and had begun organizing their own activities.

## Discussion

The goal was to create a forum where employee stress and burnout could be addressed and dealt with in a supportive environment. The main objective was to address the issue of burnout with the individual employees and also at the organizational level. In addressing the causes of stress in the workplace, one goal was to alleviate the symptomology caused by work related stressors. As

employees began to respond to the stress reduction program, one of the objectives was the improvement in the quality of service provided to clients.

Table 8

Comparative Analysis of Pre-test and Post-test Results.

| | Mean of Survey I | Mean of Survey II | Difference |
|---|---|---|---|
| 1.Paper | 7.9 | 7.1 | -0.8 |
| 2.Client | 5.9 | 5 | -0.9 |
| 3.Travel | 6.7 | 5.1 | -1.6 |
| 4.Salary | 7.1 | 6.6 | -0.5 |
| 5.Role | 5.5 | 4.9 | -0.6 |
| 6.Relat. | 5.2 | 5.4 | 0.2 |
| 7.Rspct. | 3.7 | 4.8 | 1.1 |
| 8.Control | 7.2 | 5.5 | -1.7 |
| 9.Rsrc. | 5.7 | 6 | 0.3 |
| 10.Other | 9.4 | 5.25 | -4.15 |

Note: Negative (-) differences between the pre- and post-test results indicate a decrease in the each stress factor. Positive (+) differences indicate an increase in the level of stress for that corresponding factor.

The stress management program addressed the fundamental causes of stress within the youth counseling program and provided a vehicle to allay further episodes of burnout. The model served as a basic framework, with sufficient flexibility for modifications, as future work conditions introduced a host of new stressors. There was sufficient flexibility built into the program to allow for minor modifications.

The environment in which these counselors worked was extremely stressful due to the high crime rate and widespread poverty. Since they were rarely in the

office, the counselors lacked a forum to discuss their feelings and concerns about the job. Individual supervision was often case-focused and there was limited time to discuss feelings or process issues of transference (Powers,1995b). The job, by its very nature, tended to be individualistic and isolating. The counselors worked independently and spent a majority of their work week in the field. There was limited time for engendering support and advice from fellow counselors. For the counselors, many of whom were "people persons" the isolation contributed to the occupational stress.

The severity of the client's problems, and the lack of community resources available to address these issues made the counselors feel as if they had personally failed when goals were not met. The counselors saw only the most severely abused and neglected children, and their families. When clients and families began to improve the counselor had to terminate, and then that case was replaced with yet another family in crisis. Diminished community resources meant fewer safety nets for the client, and more demands on the counselor. The role of the outreach counselor was not clearly defined and emotional boundaries were difficult to maintain.

In post program group discussions, employees noted that they were feeling less stressed and they stated that the organizational changes and the group work could be attributed to this general feeling. Since they were seeing each other and processing case issues during group supervision, the isolative nature of the job colleagues as a cohesive unit. They began forming "work teams", independently, to assist each other in areas of need, resulting in an improvement in the quality of service offered to the clients. This was an unanticipated outcome, however, it seemed to contribute significantly to stress reduction among the staff.

As cited in Daley (1979) "peer support" is both a convenient and successful means of addressing occupational stress, particularly for those employed in human services. In investigating processes for addressing multiple problems, Mackey (1980) looks at the interpersonal dynamics and goals of growth-oriented social work groups.

"Formal" groups, such as supervision groups, can be a good forum for idea exchanges, team building, and sharing of clinical information. "Informal" groups that provide employees with a 'time-out' from the day to day rigors of the job provide workers with some 'downtime' and also address the feelings of isolation and alienation the workers may have, particularly in social work, which has a high degree of autonomy (Zastrow, 1984). The informal groups were useful in engendering support, relieving tension and facilitating idea exchanges. Initially these 'informal' groups were organized by this writer, but by week five of the implementation the counselors began organizing their own group activities This outcome was not anticipated, but contributed significantly to the cohesiveness of the group.

## Recommendations

Overall improvements in job satisfaction were measurable in a 12 week period, however, sustainable results can not be achieved without long-term intervention. Furthermore, the rate of improvement in morale may increase overtime as the employee stress level decreases, with continuous implementation of a stress management program.

The following recommendations can to employed in this writer's place of work:

1. Group supervision should continue, as it appears to be a successful element in building staff cohesiveness and an effective forum for staff to process the impact client-related issues have on them.

2. The "teaming" of counselors should be facilitated. This is a successful clinical tool, in terms of pooling expertise and it appears to be effective in reducing the individual counselor's stress levels by minimizing the isolative nature of the job.

3. Funding should be made available to supplement the S.O.S Occupational Stress Management program with professional stress management workshops.

4. The weekly casenotes should be simplified so they can be completed expediently by the counselors. The present narrative format is laborious to both write and read and frequently, relevant information is left out of the casenotes. A checklist format with a brief narrative, would produce concise and succinct reports.

The methods and results of this stress management program are not generalizable to all settings, but may lead to further investigation of the problem in similar human service settings. Cooper and Cartwright (1994) note that the solutions for stress reduction are not 'generic' or applicable to all employees in all settings. Neither according to the authors, is the stress caused solely by one factor or one variable. A "stress audit" is recommended to ascertain the causes and level of stress in an organization (Cooper and Cartwright). Several test measures are available. The authors use the following questions as a guideline to assessing organizational stress in a particular work environment. These may serve as a guideline for programs wishing to assess the level of stress in their organization and institute a stress management program.

1. What is the present level of stress in the organization ? Is the stress greater in some programs than others ? What are or are not the variables to consider in light of this ? How does the stress level of social work compare to other professions ? Does this particular program have a problem ?

2. Do we know what the problem is ? Can we identify specific sources of stress ? Is the stress agencywide, or just specific to this program ?

Allowing employees to identify sources of stress empowers them to look at the causes of stress from a systemic point of view. Using the employees input in determining both the causes and solutions to stress in the workplace, help the employees "own" the stress management program and increase its efffectiveness.

## Dissemination

The results of this practicum will be disseminated to child welfare collegues in several ways. A presentation of this stress management program will be offered at a local residential facility for adolescent girls, and another residential facility has expressed a similar interest. Copies of the practicum in its entirety were also requested by these facilities.

There are presently discussions underway with the center for business and industry located at a local community college. The center, which provides educational programming and consultation to area businesses and organizations has expressed interest in the S.O.S Stress Management program.

This writer is also preparing an article for submission to a national child welfare journal. It is hoped that the journal, which focuses on youth work, will publish the article.

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# APPENDIX A

## S.O.S - OCCUPATIONAL STRESS FACTOR SURVEY

# S.O.S.
## Occupational Stress Factor Survey

In recent studies of stress among social workers the following areas were most frequently identified as sources of added stress on the job. Please complete the survey and total your score.

| Stressor | Low Stress | | | Moderate Stress | | | | High Stress | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Paperwork | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Client Problems/ Issues | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Travel / Driving | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Salary | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. Undefined Role | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. Collateral Relations | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

# S.O.S.

## Occupational Stress Factor Survey (continued)

| Stressor | Low Stress | | | Moderate Stress | | | | High Stress | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 7. Lack of Respect / Appreciation as a Professional | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. Lack of Control Over Case / Client Outcomes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. Lack of Resources | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10. Other: _____ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Score Key

0 - 30 = Low Stress

31 - 60 = Moderate Stress

61 - 80 = High Stress

81 - 100 = Extreme Stress

Score _____

## APPENDIX B

## S.O.S - OCCUPATIONAL STRESS PROFILE

## OCCUPATIONAL STRESS PROFILE

Stress impacts each of us differently. Oftentimes, the effects of stress are cumulative, and others see the symptoms in us before we do. One important step in addressing stress and stress related problems is to identify the sources, and to begin to look at solutions.

1. There are certain aspects of the job that really make me feel stressed.

2. I notice that stress on the job is affecting me outside of work because....
My friends/spouse/family noticed that stress on the job is affecting me because I .....

3. When I am feeling really stressed about work I usually _____ or ____ .

4. I have heard or read about dealing with stress by _____ and _____, I would like to try this (these methods)....

5. Tomorrow I am going to _____ to address _____, which is one stressful factor at work.

# APPENDIX C

## S.O.S - STRESS MANAGEMENT CONTRACT

**S.O.S.**

**STRESS MANAGEMENT CONTRACT**

Most people in social work are "helpers" by nature. They tend to be generous and compassionate people who like to comfort others and advocate for those in need. Unfortunately, many social workers fail to see what their own needs are, or often put them off because they don't feel they are a priority. The result of this lifestyle tendency is often stress or burnout.

To address stress and promote mental and physical well-being we must actively take steps to prioritize our own needs. This may mean changes in our eating habits, exercise or even social activities.

Over the next 12 weeks integrate one positive life-style change into your daily routine. Commit to it in writing, and have a co-worker sign as a sponsor. This will give you incentive to stick to your goal and a sponsor for support.

I, _____ want to make positive changes to help reduce stress.

As of _____, I will begin _____ .

I will do this for 12 weeks, because I am a priority ! I am asking

_____ to sponsor me and give me the encouragement to continue.

At the end of 12 weeks, on _____, I will review my progress with my sponsor. At this time I can add another life-style change.

_____ _____

My Signature My Sponsor